



APPLICATION FOR CHANGE OF ACADEMIC ADVISER

Date Accomplished: August 19, 2024

Student No.	Surname	First Name	Middle Name	Course & Yr.
21-1-02215	GONOS	JANNIN	SABONDO	BSA-2

From:

for. Ruth O. Escasinas
Printed Name & Signature of Former
Academic Adviser

To:

Marcelo B. Dela Peña
Printed Name & Signature of
New Academic Adviser

Reason(s) for change of academic adviser:

My former adviser has retired to her position as my adviser

JANNIN GONOS
Signature of Student

Recommending Approval:

LUZ G. ASIO
Printed Name & Signature
of Former Department Head

LUZ G. ASIO
Printed Name & Signature
of New Department Head

Approved:

SUZETTE B. LINA
College Dean
Date: _____

Noted:

MIRIAM M. DE LA TORRE
OIC, University Registrar

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